

Coordinator's Application for a Food Event

Name of event _____

Location of event _____

Date(s) of event _____ Time(s) of Event _____

Name(s) of Event Coordinator(s)/Responsible Individual(s):		
Name	Address	Phone

Name of the on-site coordinator and how this individual can be contacted during the event:

Number of food vendors _____. The following information is required:

Vendor Company Name	Address	Phone	Type of Food

(additional sheets for this information may be attached)

Date and time that food service operations will be set up _____

Describe toilet and hand washing facilities provided for patrons (type, number, location)

Who will be responsible for their maintenance during the event? _____

If portable toilets are to be used, how often will they be emptied during the event? _____

Describe the potable (drinking) water supply to the event _____

Describe the wastewater disposal system for the event _____

Describe garbage and grease disposal for the event _____

Will electricity be provided to the food vendor sites? Yes ☐ No ☐

Will any tattoo/body piercing vendors be present? Yes ☐ No ☐

Coordinator's Name _____
(please print)

Signature _____

Date _____

Please return this form to the Erie County Department of Health as soon as this information for your event can be provided. If you do not know the name of the inspector in charge of licensing the event, mail this to the Environmental Health Division.

IMPORTANT: Any application submitted within 7 days prior to the day of the event is subject to an additional \$10.00 rush fee per vendor.

**Erie County Department of Health
606 West Second Street
Erie, PA 16507
Phone: 814/451-6700 • Fax: 814/451-6775**